PALOMAR COLLEGE
Learning for Success

Request for Review of Residence Status

☐ Spring 201__
☐ Summer 201__
☐ Fall 201__

1. **Must be completed by students requesting a change of residence status or by the parent/guardian of a non-minor dependent.**
2. **Submit in person, by mail or fax this form <u>and documentation</u> to Admissions at (760) 761-3536.**
3. **Please confirm receipt of form and documents by calling Admissions at (760) 744-1150, 2164.**
4. **<u>Confirm that your residency has been updated.</u> <u>You will NOT be notified</u>.**

DOCUMENTATION IS REQUIRED TO SUPPORT YOUR RESPONSES TO THE FOLLOWING:

PART I

Student Name: _____
Last First MI

Birth Date:_____ Age:_____

Palomar ID Number_____

Social Security Number_____

Telephone Number_____

1. City and State or Country of birth:_____
2. Are you a U.S. citizen?..... ☐Yes ☐No
   If No, please place a checkmark next to all that apply to you.

   ☐Perm Resident ☐Refugee/Asylee ☐Amnesty
   ☐Temp Resident ☐Student Visa (F1/M1) ☐Other Status

   Date issued____/____/____
3. What city do you currently live in?..... _____
4. Date your present stay in CA began:..... ____/____/____
5. Complete the following questions about yourself:

   State that issued your driver's license __
   Date____/____/____

   State that issued your vehicle registration_____
   Date____/____/____

   Have you voted in CA?..... ☐Yes ☐No

   State where you filed your personal income tax form
   State_____Year_____
   State_____Year_____
6. Are you, your spouse, or either of your parents employed full-time by a CA community college? ..... ☐Yes ☐No
7. Are you on active duty in the Armed Forces and stationed in CA? ..... ☐Yes ☐No
   Military ID expiration date: ____/____/____
8. Are you the dependent or spouse of a person on active duty in the Armed Forces stationed in CA on the opening day of the semester/session in which you plan to enroll? ☐Yes ☐No
   Military ID expiration date: ____/____/____
9. Did you attend a California high school for 3 years and earn a diploma or equivalent? ..... ☐Yes ☐No
10. Are you a Financial Aid student ..... ☐Yes ☐No

PART II

If you are under 19 years of age or you are a dependent of your parent/guardian for income tax purposes complete Part II.
Complete the following information about your parent/guardian.

1. Name:_____

   Residence: _____
   City State

   Name:_____

   Residence: _____
   City State
2. Enter the date of your parent's/guardian's present stay in CA began:
   ____/____/____.
3. Please place a checkmark next to the one that applies to your parent/guardian:

   ☐U.S. Citizen ☐Amnesty ☐Other Status
   ☐Perm Resident ☐Refugee/Asylee
   ☐Temp Resident ☐Student Visa (F1/M1)

   Date issued:____/____/____
4. Please place a checkmark next to all that apply to your parent/guardian.
   ☐Has a CA driver's license.
   ☐Has a CA vehicle registration
   ☐Voted in California
   ☐Filed CA state 540 tax return. Years_____.

SIGNATURE – REQUIRED FOR BOTH PART 1 AND PART II

I certify that the statements on this form are true and correct. I understand that falsification, withholding pertinent data, or failure to report changes in residence, may result in my dismissal. I will notify the college of any changes of facts. If you submitted a FAFSA, all residency information must be consistent.

_____ _____
Student Signature Date

OFFICE USE ONLY

DOCS SUBMITTED ON:_____

DOCS SUBMITTED BY:_____FAX _____MAIL _____IP

DOCS NEEDED:_____

RESIDENCY UPDATED:_____SEMESTER:_____

Revised 1/11